

EXHIBIT

“A”

Mississippi Electronic Courts
Seventh Circuit Court District (Hinds Circuit Court - Jackson)
CIVIL DOCKET FOR CASE #: 25CI1:22-cv-00011-TTG

STEDMAN v. KROGER et al
Assigned to: Senior Circuit Judge Tomie Green

Date Filed: 01/07/2022
Current Days Pending: 104
Total Case Age: 104
Jury Demand: None
Nature of Suit: Negligence - General (181)

Upcoming Settings:

None Found

Plaintiff

JACQUELYN STEDMAN

represented by **Patrick Wooten**
Schwartz & Associates, P.A
PO Box 3949
JACKSON, MS 39201
601-988-8888
Fax: 601-353-0217
Email: pwooten@1call.org
ATTORNEY TO BE NOTICED

V.

Defendant

KROGER

Defendant

K025 KROGER EAST/DELTA

Defendant

JOHN DOE ENTITIES (1-5)

Defendant

JOHN DOE PERSONS (1-5)

Date Filed	#	Docket Text
01/07/2022	2	COMPLAINT against JOHN DOE ENTITIES (1-5), JOHN DOE PERSONS (1-5), K025 KROGER EAST/DELTA, KROGER, filed by JACQUELYN STEDMAN. (Attachments: # 1 Civil Cover Sheet,) (KB) (Entered: 01/07/2022)
02/02/2022	3	SUMMONS Issued to KROGER. (KB) (Entered: 02/02/2022)
03/29/2022	4	SUMMONS Returned Executed by JACQUELYN STEDMAN. Re: ** 3 SUMMONS Issued to KROGER. (KB)** K025 KROGER EAST/DELTA served on 3/24/2022, answer due 4/23/2022; KROGER served on 3/24/2022, answer due 4/23/2022. Service type: Personal (Wooten, Patrick) (Entered: 03/29/2022)

**IN THE CIRCUIT COURT OF HINDS COUNTY, MISSISSIPPI
FIRST JUDICIAL DISTRICT**

JACQUELYN STEDMAN

PLAINTIFF

VS.

CIVIL ACTION NO. 22-11

**KROGER;
K025 KROGER EAST/DELTA;
JOHN DOE ENTITIES (1-5);
JOHN DOE PERSONS (1-5)**

DEFENDANTS

**COMPLAINT
(Trial by Jury Requested)**

COMES NOW, the Plaintiff, Jacquelyn Stedman, by and through his counsel and files this Complaint against the Defendants, Kroger; K025 Kroger East/Delta; John Does Entities (1-5) and John Does Person (1-5), and in support thereof, would show unto this Honorable Court the following, to-wit:

I. Parties

1. The Plaintiff, Jacquelyn Stedman, is an adult resident citizen of Jackson, Hinds County, Mississippi.

2. The Defendant, Kroger, who is a corporation registered to do business in the State of Mississippi and has appointed Corporation Service Company as its registered agent for process, who may be served at 7716 Old Canton Road, Suite C., Madison, Mississippi 391110.

3. The Defendant, K025 Kroger East/Delta, who is a corporation registered to do business in the State of Mississippi and has appointed Corporation Service Company as its registered agent for process, who may be served at 7716 Old Canton Road, Suite C., Madison, Mississippi 391110.

4. John Doe Entity (ies) are any unknown companies who may have been responsible for or who may have contributed to the negligence alleged herein. They may be added as defendants when their identities become known.

5. John Doe Person (s) are any unknown individuals who may have been responsible for or who may have contributed to the negligence alleged herein. They may be added as defendants when their identities become known.

II. Jurisdiction and Venue

6. This court has jurisdiction over the subject matter, and over the parties, and it is the proper venue as the incident at issue occurred in Hinds County, Mississippi.

III. Facts

7. That on or about September 25, 2020, Plaintiff, Jacquelyn Stedman, was shopping at Kroger at 4910 I-55N, Jackson, Hinds County, Mississippi. The Plaintiff, exercising due care for her own safety, walked towards the produce department near the cooler when a piece of plastic wrap from a pallet wrapped around the Plaintiff's foot. As a result of the plastic wrap entrapping the Plaintiff's foot, the Plaintiff was injured.

8. The Defendants had a duty to use reasonable care to keep the premises in a reasonably safe condition, and to warn persons, such as the Plaintiff, of dangerous conditions on the premises.

IV. Negligence

9. The dangerous condition of the plastic wrap being on the floor was caused by the negligence of the Defendant's employee. Further, the Defendant failed to provide reasonable and adequate warning to the Plaintiff. The Defendant had actual and constructive notice of the

unreasonably dangerous condition of the plastic wrap on the pallet. Accordingly, the Defendant breached each of the aforementioned duties, and was therefore negligent.

V. Damages

10. That Plaintiff would further state that as a direct and proximate result of the hereinabove acts of negligence and breaches of legal duties owed to her by the Defendant, she has suffered damages including, but not limited to, the following:


- a) Past, present and future physical pain and suffering;
- b) Emotional and mental suffering both past, present and future;
- c) Hospital bills, doctor bills, prescription drug bills and other medical and medical-related expenses which have been incurred;
- d) Temporary physical impairment and disability; and
- e) Loss of enjoyment of life.

WHEREFORE, PREMISES CONSIDERED, Plaintiff hereby requests the Court to conduct a mediated settlement conference or to refer the case to its court-annexed mediation program in order to assist the parties to bring about a settlement of this case. Plaintiff also prays that a judgment of, from and against the Defendants in amount which will fairly and adequately compensate Plaintiff for her injuries, damages, and losses past and future and for punitive damages against the Defendants herein. Further, Plaintiff prays that the Court will award her interest as permitted by law, costs of this suit, expert witness fees, and for whatever and further relief as to this Court may deem just and proper.

RESPECTFULLY SUBMITTED this the 7th day of JANUARY, 2022.

JACQUELYN STEDMAN, Plaintiff

BY:



PATRICK WOOTEN (MSB NO. 9979)

OF COUNSEL:
SCHWARTZ & ASSOCIATES, P.A.
162 East Amite Street
Jackson, Mississippi 39201
Phone: 601-988-8888
Email: pwooten@1call.org

COVER SHEET Civil Case Filing Form <i>(To be completed by Attorney/Party Prior to Filing of Pleading)</i>		Court Identification Docket # <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">CI</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">22</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">22</div> </div>		Case Year <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">22</div>		Docket Number <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	
Mississippi Supreme Court Administrative Office of Courts		Form AOC/01 (Rev 2009)		County # Judicial District Court ID <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">22</div> </div>			
This area to be completed by clerk							
Case Number if filed prior to 1/1/94							
In the CIRCUIT Court of <u>HINDS</u> County <u>FIRST</u> Judicial District							
Origin of Suit (Place an "X" in one box only)							
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Remanded </div> <div> <input type="checkbox"/> Reinstated <input type="checkbox"/> Reopened </div> <div> <input type="checkbox"/> Foreign Judgment Enrolled <input type="checkbox"/> Joining Suit/Action </div> <div> <input type="checkbox"/> Transfer from Other court <input type="checkbox"/> Appeal </div> <div> <input type="checkbox"/> Other </div> </div>							
Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form							
Individual <u>STEDMAN</u> <u>JACQUELYN</u> <div style="display: flex; justify-content: space-between;"> <div> Last Name First Name Maiden Name, if applicable M.I. Jr/Sr/III/IV </div> </div>							
<input type="checkbox"/> Check (x) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____							
<input type="checkbox"/> Check (x) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: D/B/A or Agency _____							
Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated							
<input type="checkbox"/> Check (x) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: D/B/A _____							
Address of Plaintiff <u>1040 CEDAR HILL DRIVE, JACKSON, MS 39206</u>							
Attorney (Name & Address) <u>PATRCI WOOTEN, P.O. Box 3949 Jackson, MS 39207-3949</u> MS Bar No. <u>9979-9779</u>							
<input type="checkbox"/> Check (x) if Individual Filing Initial Pleading is NOT an attorney							
Signature of Individual Filing: <u>[Signature]</u>							
Defendant - Name of Defendant - Enter Additional Defendants on Separate Form							
Individual _____ <div style="display: flex; justify-content: space-between;"> <div> Last Name First Name Maiden Name, if applicable M.I. Jr/Sr/III/IV </div> </div>							
<input type="checkbox"/> Check (x) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____							
<input type="checkbox"/> Check (x) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: D/B/A or Agency _____							
Business <u>KROGER - INCORPORATED IN OHIO</u> Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated							
<input type="checkbox"/> Check (x) if Business Defendant is acting in the name of an entity other than the above, and enter below: D/B/A _____							
Attorney (Name & Address) - If Known _____ MS Bar No. _____							
Damages Sought: Compensatory \$ _____ Punitive \$ _____ <input type="checkbox"/> Check (x) if child support is contemplated as an issue in this suit.*							
<small>*If checked, please submit completed Child Support Information Sheet with this Cover Sheet</small>							
Nature of Suit (Place an "X" in one box only)							
Domestic Relations <input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Contempt <input type="checkbox"/> Divorce: Fault <input type="checkbox"/> Divorce: Irreconcilable Diff. <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA) <input type="checkbox"/> Other _____		Business/Commercial <input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Business Dissolution <input type="checkbox"/> Debt Collection <input type="checkbox"/> Employment <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Replevin <input type="checkbox"/> Other _____ Probate <input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Commitment <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Muniment of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest <input type="checkbox"/> Other _____		Children/Minors - Non-Domestic <input type="checkbox"/> Adoption - Contested <input type="checkbox"/> Adoption - Uncontested <input type="checkbox"/> Consent to Abortion Minor <input type="checkbox"/> Removal of Minority <input type="checkbox"/> Other _____ Civil Rights <input type="checkbox"/> Elections <input type="checkbox"/> Expungement <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Post Conviction Relief/Prisoner <input type="checkbox"/> Other _____ Contract <input type="checkbox"/> Breach of Contract <input type="checkbox"/> Installment Contract <input type="checkbox"/> Insurance <input type="checkbox"/> Specific Performance <input type="checkbox"/> Other _____ Statutes/Rules <input type="checkbox"/> Bond Validation <input type="checkbox"/> Civil Forfeiture <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Injunction or Restraining Order <input type="checkbox"/> Other _____			
Appeals <input type="checkbox"/> Administrative Agency <input type="checkbox"/> County Court <input type="checkbox"/> Hardship Petition (Driver License) <input type="checkbox"/> Justice Court <input type="checkbox"/> MS Dept Employment Security <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other _____		Real Property <input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Eviction <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Tax Sale: Confirm/Cancel <input type="checkbox"/> Title Boundary or Easement <input type="checkbox"/> Other _____ Torts <input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Mass Tort <input checked="" type="checkbox"/> Negligence - General <input type="checkbox"/> Negligence - Motor Vehicle <input type="checkbox"/> Product Liability <input type="checkbox"/> Subrogation <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Other _____					

IN THE CIRCUIT COURT OF HINDS COUNTY, MISSISSIPPI
FIRST JUDICIAL DISTRICT

JACQUELYN STEDMAN

PLAINTIFF

VS.

CIVIL ACTION NO. 22-cv-00011 TG

KROGER;
K025 KROGER EAST/DELTA;
JOHN DOE ENTITIES (1-5);
JOHN DOE PERSONS (1-5)

DEFENDANTS

SUMMONS

THE STATE OF MISSISSIPPI
HINDS COUNTY

TO:

Corporation Service Company, Registered Agent
o/b/o **KROGER**
K025 Kroger East/Delta
7716 Old Canton Road, Suite C.
Madison, MS 39110

NOTICE TO DEFENDANT

**THE COMPLAINT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT
AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS.**

You are required to mail or hand-deliver a copy of a written response to the Complaint to Patrick Wooten, the attorney for the Plaintiff, whose address is Schwartz & Associates, P.A., Post Office Box 3949, Jackson, Mississippi 39207-3949.

Your response must be mailed or delivered within **thirty (30) days** from the date of delivery of this summons and complaint or a judgment by default will be entered against you for the money or other things demanded in the complaint.

You must also file the original of your response with the Clerk of this Court within a reasonable time afterward.

Issued under my hand and the seal of said Court, this the 2 day of Feb, 2022.

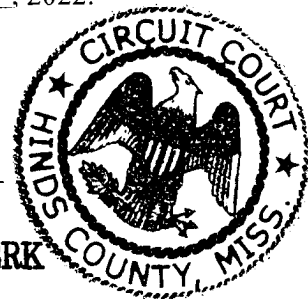
CIRCUIT CLERK
HINDS COUNTY, MISSISSIPPI

By:

Karla Bailey
DEPUTY CLERK

ZACK WALLACE, CIRCUIT CLERK

{SEAL}



PROOF OF SERVICE-SUMMONS
(Process Server)

I, the undersigned process server, served the summons and complaint upon the person or entity named above in the manner set forth below:

___ FIRST CLASS MAIL AND ACKNOWLEDGMENT SERVICE. By mailing (by first class mail, postage prepaid), on the date stated in the attached Notice, copies to the person served, together with copies of the form of notice and acknowledgment and return envelope, postage prepaid, addressed to the sender (*Attach completed acknowledgment of receipt pursuant to M.R.C.P. Form 1B*).

X PERSONAL SERVICE. I personally delivered copies of Summons and Complaint to Robert Key on the 24 day of MARCH, 2022, where I found said person(s) in Madison County of the State of MS 0918 Hrr.

___ RESIDENCE SERVICE. After exercising reasonable diligence, I was unable to deliver copies to said person within _____ county, Mississippi. I served the Summons and Complaint on the _____ day of _____, 2022, at the usual place of abode of said person by leaving a true copy of the said summons and complaint with _____ who is the _____ (here insert wife, husband, son, daughter or other person as the case may be), a member of the family of the person served above the age of sixteen years and willing to receive the summons and complaint, and thereafter on the _____ day of _____, 2019, I mailed (by first class mail, postage prepaid) copies to the person served at his or her usual place of abode where the copies were left.

___ CERTIFIED MAIL SERVICE. By mailing to an address outside Mississippi (by first class mail, postage prepaid, requiring a return receipt) copies to the person served. (*Attach signed return receipt or the return envelope marked "Refused"*).

PERSONALLY APPEARED BEFORE ME the undersigned authority in and fore the state and county aforesaid, the within named Jimmy K Taylor who being first by me duly sworn states on oath that the matters and facts set forth in the foregoing "Proof of Service-Summons" are true and correct as therein stated.

[Signature]
Process Server (Signature)

SWORN TO AND SUBSCRIBED BEFORE ME this the 28 day of MARCH, 2022.

[Signature]
Notary Public (Seal)

My Commission Expires:



IN THE CIRCUIT COURT OF HINDS COUNTY, MISSISSIPPI
FIRST JUDICIAL DISTRICT

JACQUELYN STEDMAN

PLAINTIFF

VS.

CIVIL ACTION NO. 22-cv-00011 TG

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CIRCUIT CLERK
HINDS COUNTY, MISSISSIPPI

By:

Karl Bailey
DEPUTY CLERK

ZACK WALLACE, CIRCUIT CLERK

{SEAL}

